

Name
in
Full

Samil Adams

CERTIFICATE OF DEATH

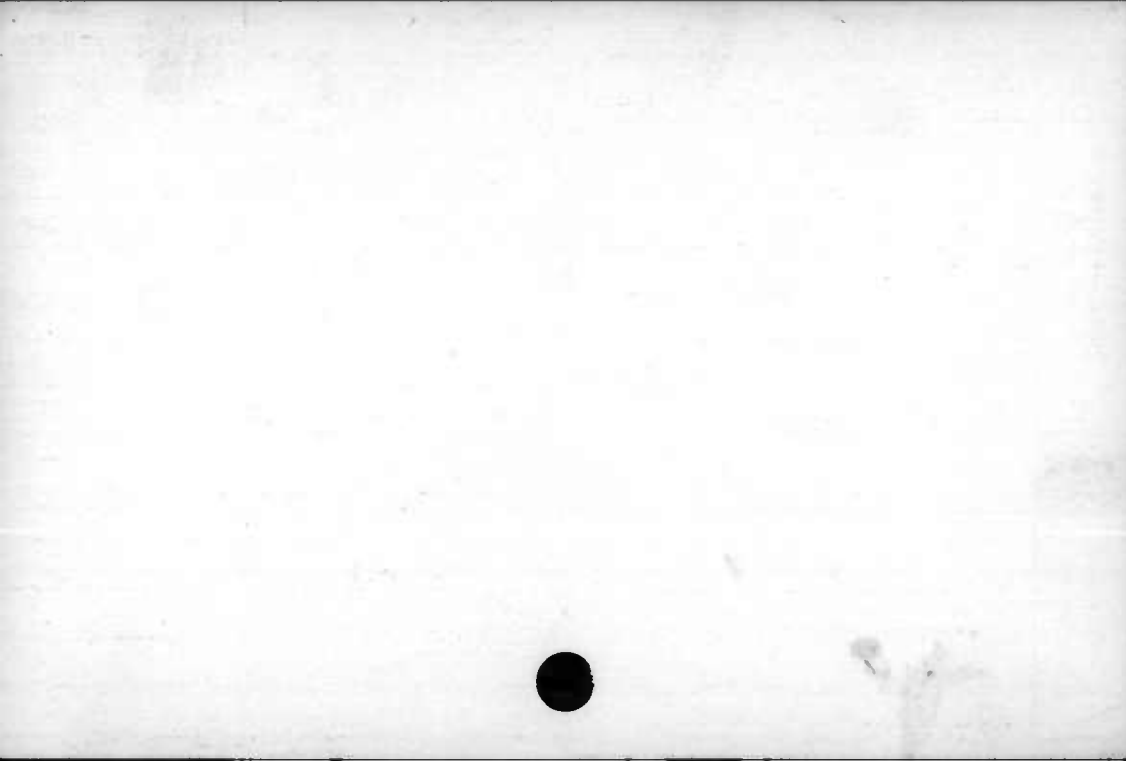
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Tcwn		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		July	15	Age	78		
Sex	male	Color or Race	Black	Birth-place	McDaniel md		
Occupation	Laborer			Where Residing if not at place of death	McDaniel md		
Married, Single or Widowed	married		Name of Wife or Husband	Henretta Adams			
Father's Name	Samil Adams				Father's Birthplace	McDaniel md	
Mother's Maiden Name	Debby Adams				Mother's Birthplace	McDaniel md	
Name of person giving information	Henretta Adams				How related to deceased	wife	

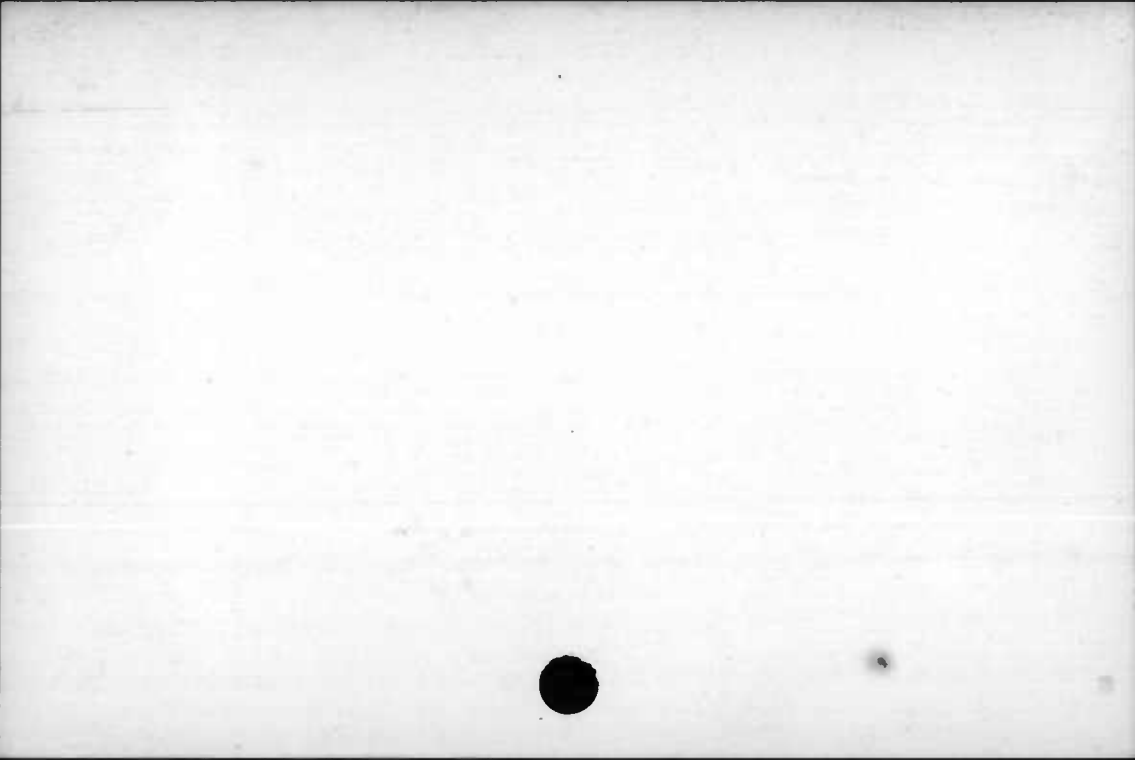
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Aplexy	How long	Two weeks
Immediate	Asthemia (cardiac)	How long	one week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. B. Huseock
		Address	St Michael md
Accident or Suicide?			



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Easton</u> <small>Town</small>		<u>Salisbury</u> <small>County</small>	
		Date of death <u>1905</u> <small>Month</small> <u>July</u> <small>Day</small> <u>29</u> <small>Years</small> <u>16</u>		<u>16</u> <small>Months</small> <u>1</u> <small>Days</small>	
		Sex <u>Female</u>		Color or Race <u>Colored</u>	
		Occupation <u>None</u>		Birth-place <u>Ind</u>	
		Where Residing if not at place of death <u>X</u>			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>X</u>	
Father's Name <u>William H. Anderson</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Alice Williams</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Wm H. Anderson</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Pulmonary Tuberculosis</u>		How long <u>3 months</u>	
		Immediate <u>Exhaustion</u>		How long <u>1 week</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. R. Rippe</u>	
				Address <u>Easton</u>	
		Accident or Suicide? <u>No</u>			



Name
in
Full

Mary Ann Banning

CERTIFICATE OF DEATH

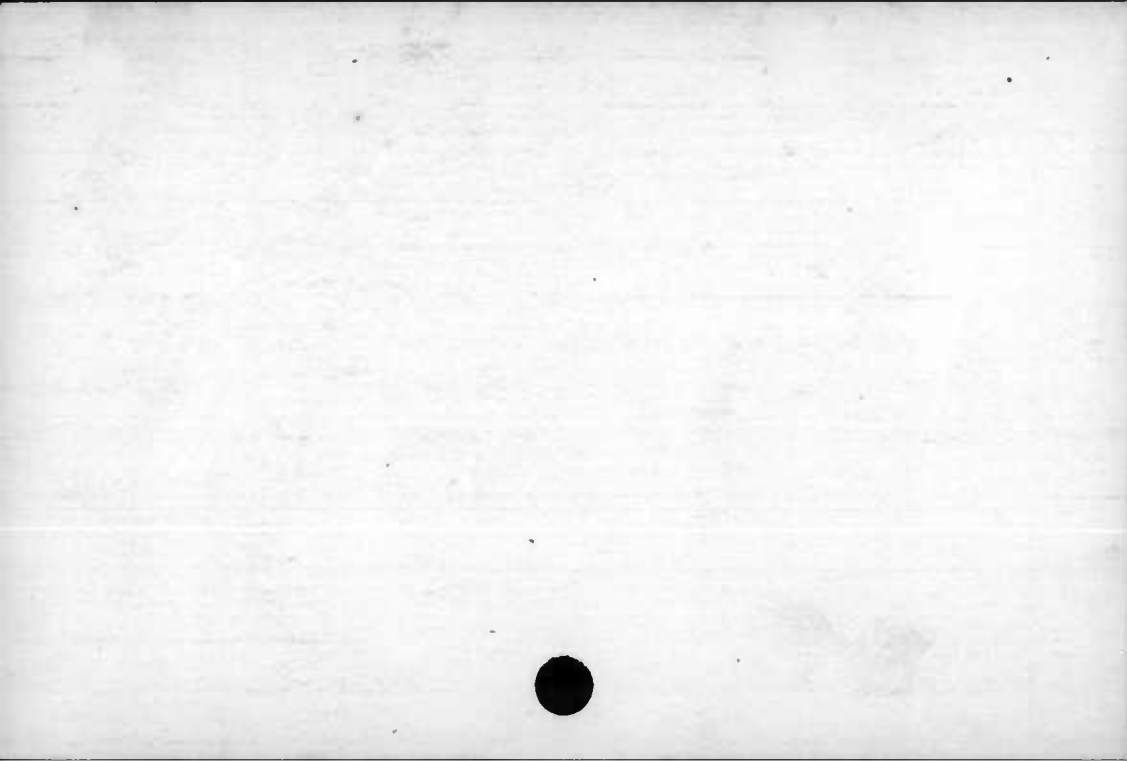
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Tunis Mills		County Talbot Co		MARYLAND	
Date of death		1905	Month July	1st	Day	Age 65	Years Months Days
Sex Female		Color or Race White		Birth- place Pghmans Island			
Occupation				Where Residing if not at place of death Tunis Mills			
Married, Single or Widowed Widow		Name of Wife or Husband James A Banning					
Father's Name William Tyler		Father's Birthplace Baltimore					
Mother's Maiden Name Sallie Burroughs		Mother's Birthplace Baltimore					
Name of person giving Information Chas A Banning		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	One year
Immediate	Exhaustion	How long	2 or 3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Julius A. Johnson	
Address		Easton	
Accident or Suicide?		No	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Baileys ^{Town} Neck		Salmon ^{County}	
	Date of death	1905	Month July	Day 25	Age 0
	Sex	Male		Color or Race	Negro
	Occupation	X		Birth-place	X
	Where Residing if not at place of death	X			
	Married, Single or Widowed	Single		Name of Wife or Husband	X
	Father's Name	James T. Bantum		Father's Birthplace	Ned
PHYSICIAN OR CORONER	Mother's Maiden Name	Minnie Thomas		Mother's Birthplace	Ned
	Name of person giving information	Jas. T. Bantum		How related to deceased	Father
	<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>				
	Primary	Not known		How long	4 1/2 hours
Immediate	Depended by Jas. T. Bantum		How long	(Father)	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	No doctor - John Kaestner
				Address	Superintendent Easton
Accident or Suicide?					



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Royal Oak* TownCounty *Talbot*Date of death *1905* Month *July*Day *19*

Age

Years *40*

Months

Days

Sex *Female*Color or
Race*Negro*Birth-
place*Talbot*

Occupation

*Domestic*Where Residing if not
at place of death*Royal Oak*Married, Single
or Widowed*Married*Name of Wife or
Husband*Daniel E. Bently*Father's
Name*Charles Lawrence*Father's
Birthplace*Talbot*Mother's
Maiden Name*Serena Lawrence*Mother's
Birthplace*Talbot*Name of person giving
In formation*Daniel Bently*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Subacute Endocarditis

How long

Immediate

General break down

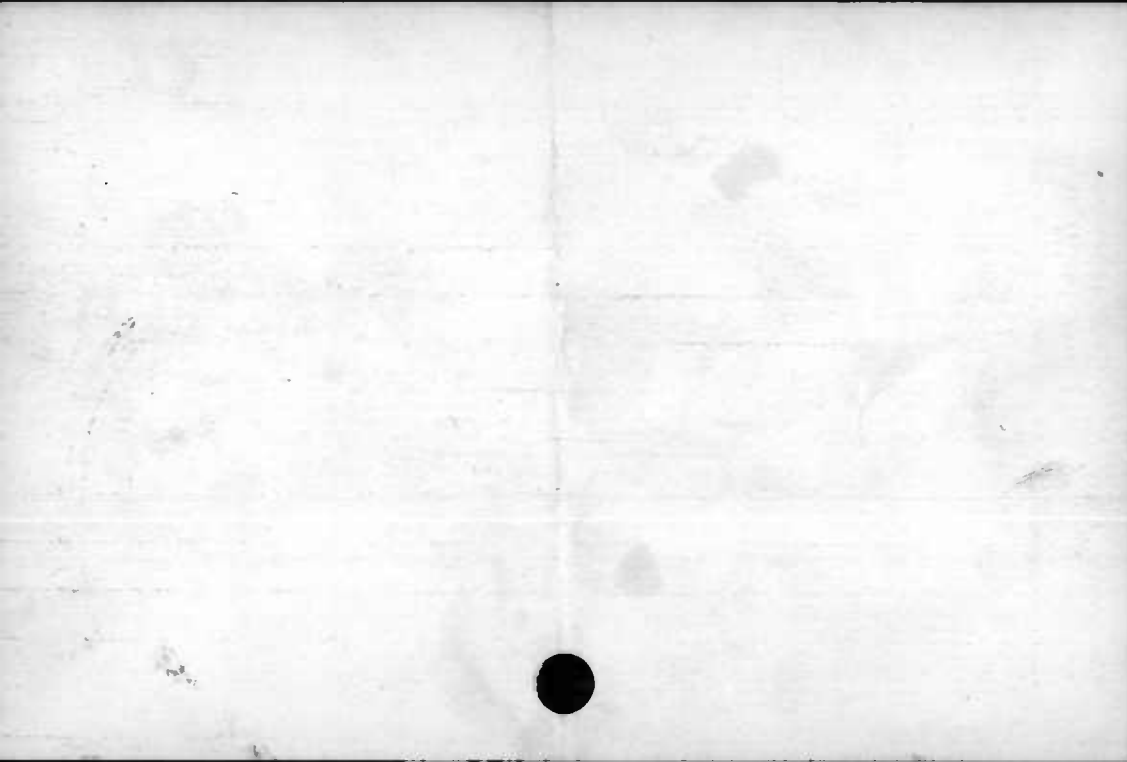
How long

*Two weeks*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Leah C. Trippe**Royal Oak, Md.*

Accident or Suicide?



Name
in
Full

Lucritia Brown

CERTIFICATE OF DEATH

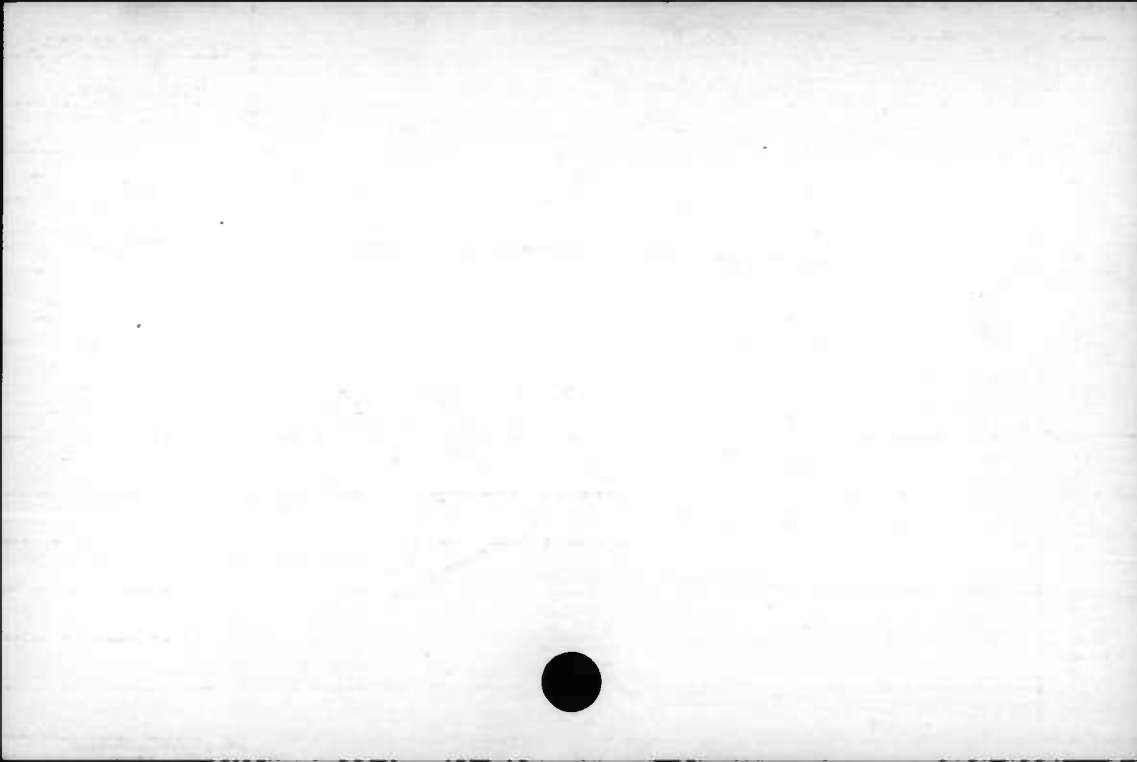
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town St Michaels		County Talbot		MARYLAND	
Date of death		1905	Month July	Day 13	Age Years 91	Months	Days
Sex Female		Color or Race Colored		Birth- place Talbot Co,			
Occupation Cook				Where Residing if not at place of death Same			
Married, Single or Widowed widowed		Name of Wife or Husband Ben		Brown			
Father's Name Not known				Father's Birthplace			
Mother's Maiden Name Not known				Mother's Birthplace			
Name of person giving Information Robert Brown				How related to deceased Son			

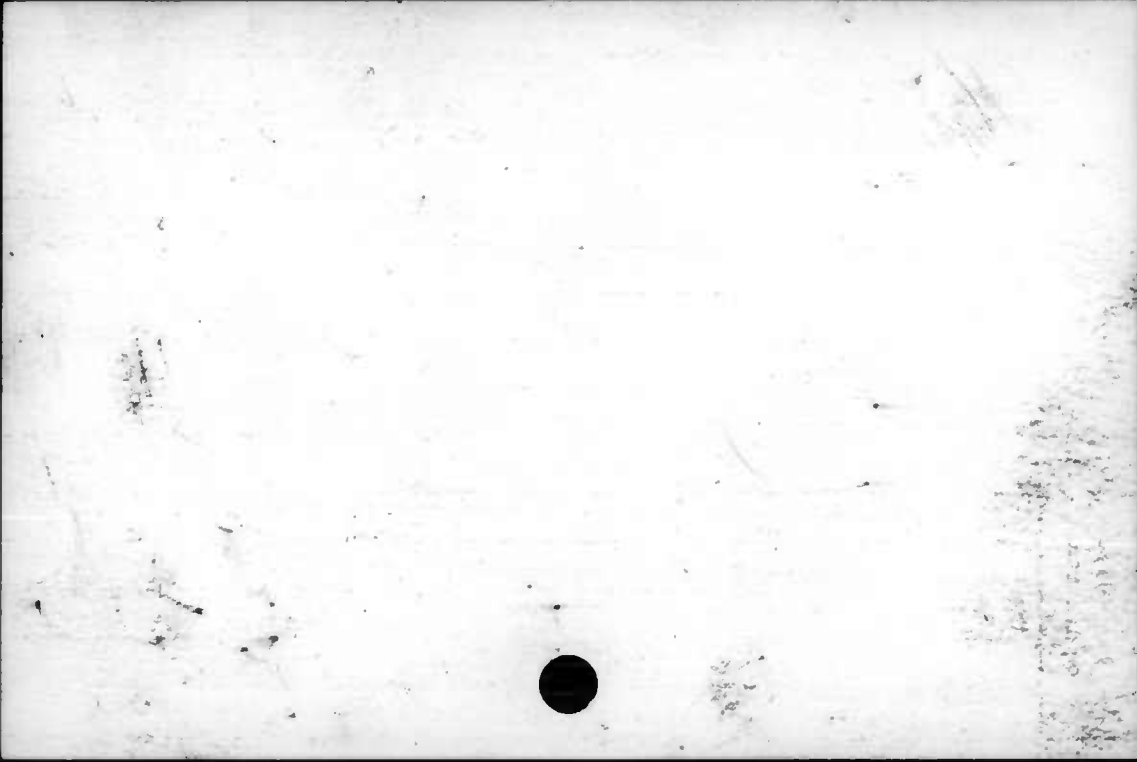
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Alcohol	How long	2 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
		St Michaels	
Accident or Suicide?		V	
No		J. B. Smith	



Name in Full		Richard Cood				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Royal Oak.		County Talbot Co		MARYLAND	
		Date of death 1905 - July		Day 23	Age 50	Months	Days
		Sex Male	Color or Race Black. African	Birth-place Balto Md			
		Occupation Laborer	Where Residing if not at place of death Royal Oak Md				
		Married, Single or Widowed	Name of Wife or Husband Effie Cook				
Father's Name Richd H. Cook		Father's Birthplace Talbot Co Md					
Mother's Maiden Name Effie		Mother's Birthplace					
Name of person giving information Chas Cook		How related to deceased Son					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Valvular Heart		How long 10 months			
		Immediate Heart failure		How long Immediate			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Saml C. Tripp			
				Address Royal Oak Md			
		Accident or Suicide?					



Name
in
Full

William George Downes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND.

Died at <i>Cordova</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death 190	<i>5</i> ^{Month}	<i>July</i> ^{Day}	<i>29</i>	Age <i>21</i> ^{Years}	<i>3</i> ^{Months}
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Cordova Ind</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Chaffeur.</i>			
Name of Wife or Husband _____					
Father's Name <i>Nathan Downes Jr</i>			Father's Birthplace <i>Cordova</i>		
Mother's Maiden Name <i>Margaret Brown</i>			Mother's Birthplace <i>Chapel.</i>		
Name of person giving information <i>Charles H. Downes</i>			How related to deceased <i>Brother</i>		

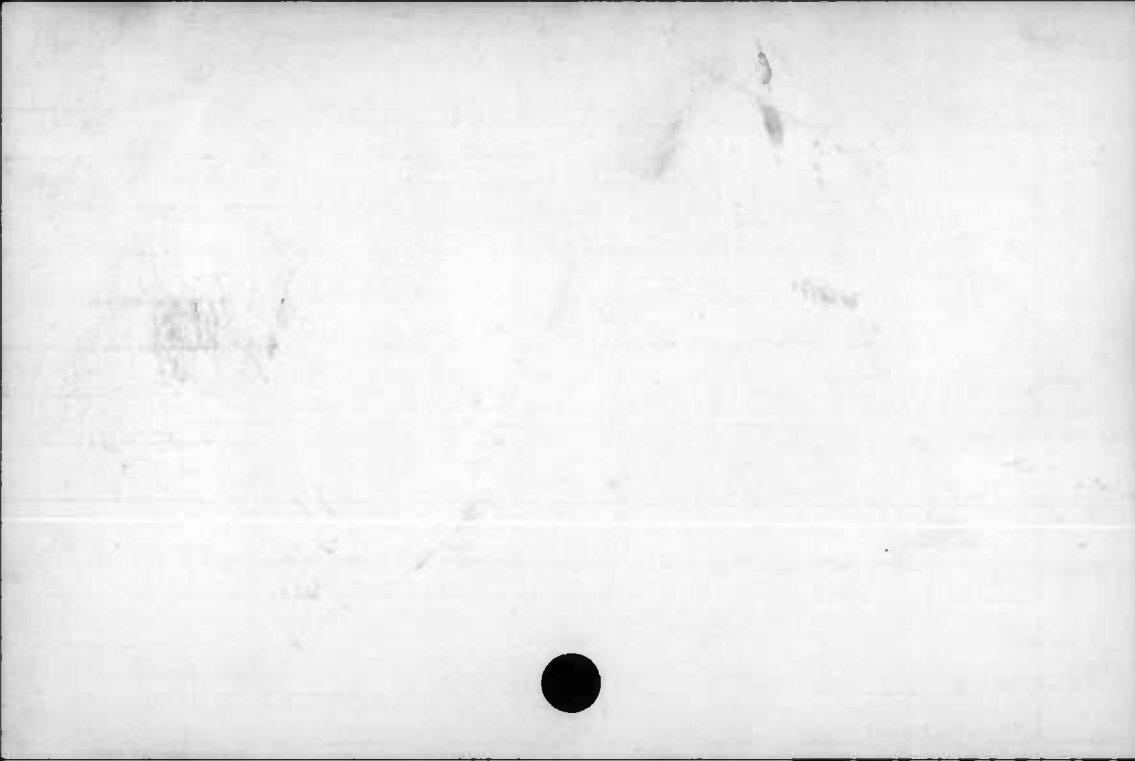
CAUSES OF DEATH

Primary *Cerebro-Spinal Meningitis* ⁽⁶¹⁾ How long *10 days*Immediate *Fractures* How long *1 day*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Julius A. Smith
East
*Ma*Accident or Suicide? *✓*PHYSICIAN
OR CORONER



Name
in
Full

His name. George (4 m) 1-1-1900

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Corrova</i>		Town <i>Corrova</i>		County <i>Baltor</i>		MARYLAND	
Date of death <i>190</i>		Month <i>July</i>		Day <i>29</i>		Age <i>190</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Corrova</i>		Months Days	
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>J. Francis George</i>				Father's Birthplace <i>New York</i>			
Mother's Maiden Name <i>Wifheima Burns</i>				Mother's Birthplace <i>Ma.</i>			
Name of person giving in formation <i>Francis George</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Shel birch S.</i>		How long <i></i>	
Immediate <i></i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. Fori</i>	
		Address <i>Corrova Ma</i>	
Accident or Suicide?			

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDGeorge (M. M.)
No 2
CERTIFICATE OF DEATH

Died at		Town Cordora		County Salbo-		MARYLAND	
Date of death		1903	Month July	Day 29	Age	Years	Months Days
Sex Male		Color or Race White		Birth- place Cordora			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Francis George		Father's Birthplace		New York	
Mother's Maiden Name		Theophina Jones		Mother's Birthplace		Md	
Name of person giving Information		Francis George		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Stillbirth		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address	
				Cordora	
				Md	
Accident or Suicide?					

CAUSE OF DEATH

History

Physical

Findings

At autopsy, the heart was found to be normal in size and shape, and the lungs were normal in size and shape.

The brain was normal in size and shape, and the spinal cord was normal in size and shape.

CC-2000
JAN-1984

Page 2 of 2

Name
in
Full

John Campbell Henry

CERTIFICATE OF DEATH

Died at Easton Town

Talbot County

MARYLAND

Date of death 1905 July 15 - Age 60 Months 6 Days 25 -

Sex Male Color or Race White Birth-place Dorchester Co. Md

Occupation Retired - Gentleman Where Residing if not at place of death —

Married, Single or Widowed Married Name of ~~Wife~~ Wife Elizabeth Hughtlett Henry

Father's Name James Winfield Henry Father's Birthplace Md.

Mother's Maiden Name Anna Maria Campbell Mother's Birthplace Md

Name of person giving information J. Hughtlett Henry How related to deceased Son

CAUSES OF DEATH

Primary Arterio Sclerosis How long Not Known

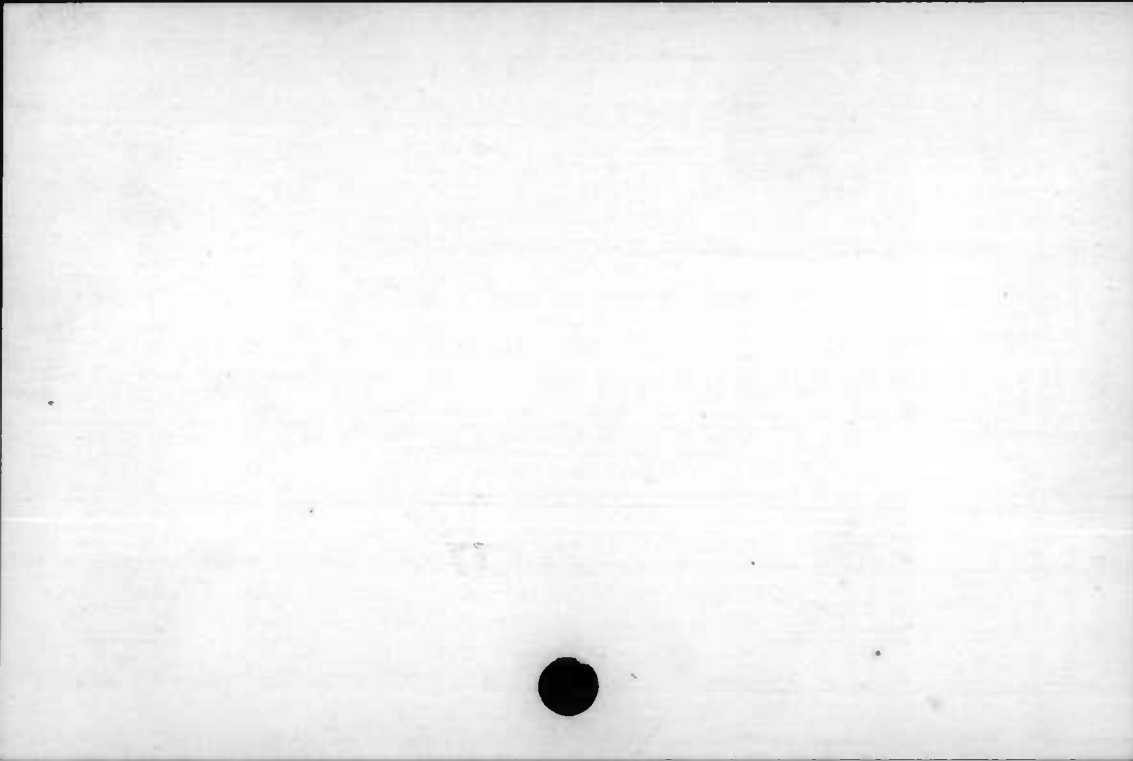
Immediate Cerebral Hemorrhage How long 16 days

Are the name, age, sex, color, date and place correctly given above? yes

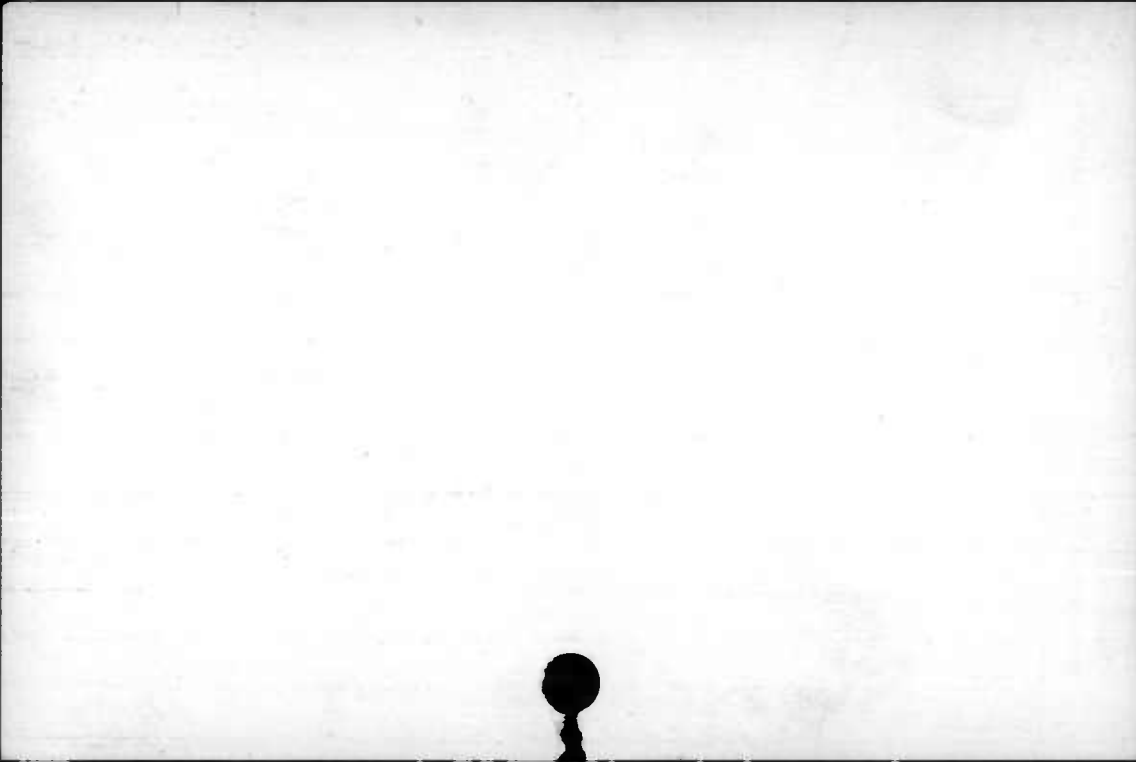
Signature of Physician Chas F. Dinsmore

Address Easton Md.

~~Accident or Suicide?~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died <i>near</i>		Town <i>Frederick</i>		County <i>Talbot</i>
	Date of death <i>1905</i>		Month <i>7</i>	Day <i>27</i>	Age <i>55</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Talbot Co, Md.</i>
	Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>—</i>		
	Father's Name <i>William Richard Hughlett</i>			Father's Birthplace <i>Caroline Co Md</i>	
	Mother's Maiden Name <i>Lydia M. Barker</i>			Mother's Birthplace <i>Caroline Co, Md</i>	
	Name of person giving information <i>John R Hughlett Jr.</i>			How related to deceased <i>Son</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Dilation of Heart</i>		How long <i>19</i>		How long <i>14 year</i>
	Immediate <i>Exhaustion</i>				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Joseph A Ross M.D.</i>		
			Address <i>Frederick, Talbot Co, Md</i>		
	Accident or Suicide?				



Name
in
Full

Robt. H. James

CERTIFICATE OF DEATH

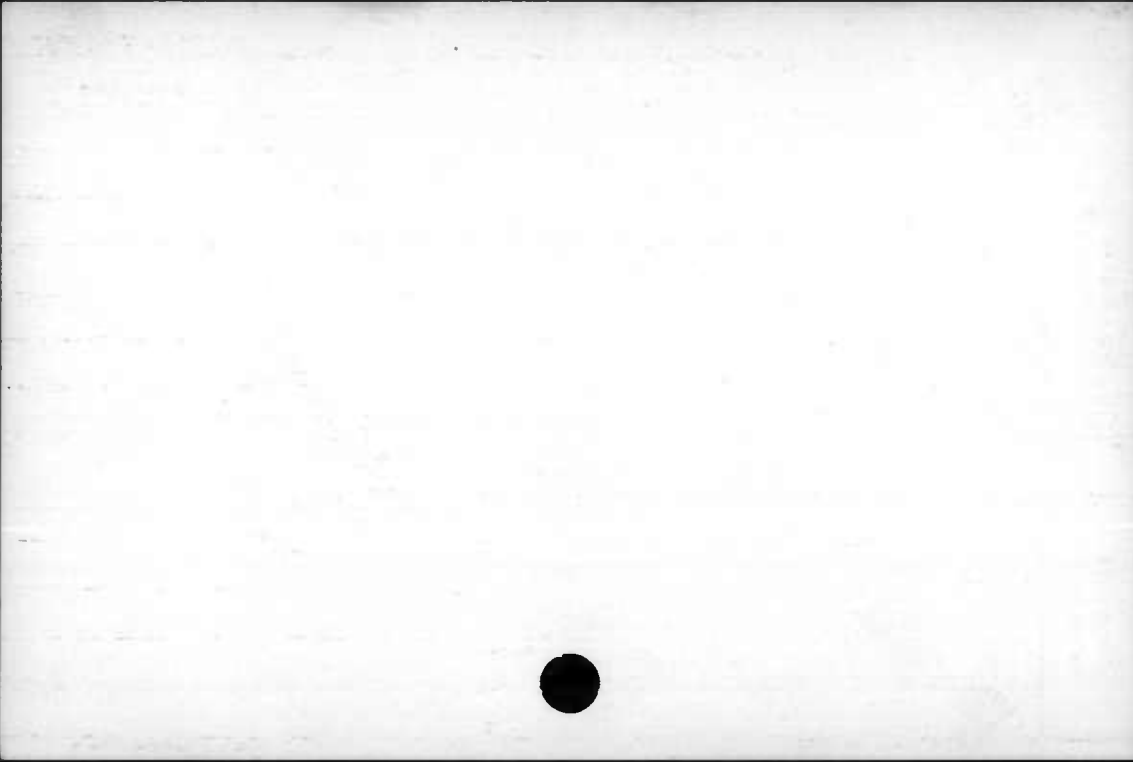
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i> ^{Town} <i>Castlin</i>		^{County} <i>Talbot</i>		MARYLAND	
Date of death	1905	Month	July	Day	16
		Years	45	Months	11
Sex	Male	Color or Race	White	Birth-place	Talbot Co Md
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife	Mrs. Jennie James		
Father's Name	Jos. James	Father's Birthplace	Talbot Co		
Mother's Maiden Name	Susan Robinson	Mother's Birthplace	Talbot Co		
Name of person giving information	Imp Sally James		How related to deceased		
Sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Gastric Catarrh	How long	3 mo
Immediate	Acute Gastritis & Heart Failure	How long	2 1/2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Julius A. Johnson
		Address	Castlin Md
Accident or Suicide?			



Name
in
Full

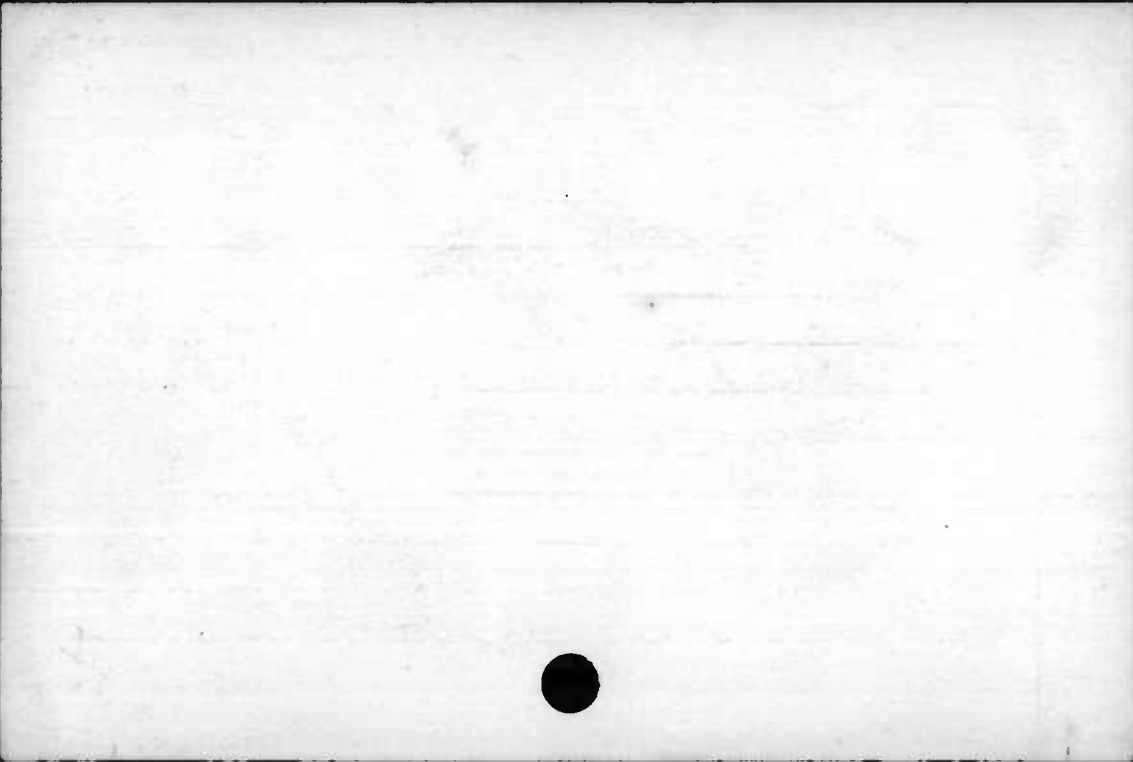
Eliza Johnson

CERTIFICATE OF DEATH

Died at		Town McDaniel		County Salisbury		MARYLAND	
Date of death	1905	Month 7	Day 25	Age 55	Years	Months	Days
Sex	Female		Color or Race	Black		Birth- place	Caroline Co Md
Occupation	House-work			Where Residing if not at place of death		McDaniel	
Married, Single or Widowed	married		Name of Wife or Husband	Martin Johnson			
Father's Name	Jno Moores			Father's Birthplace	Caroline Co Md		
Mother's Maiden Name	Harriet Moores			Mother's Birthplace	Caroline Co Md		
Name of person giving Information	Martin Johnson			How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Probably Valvular Heart Disease	How long	I do not know
	Immediate	Cardiac Asthenia probably	How long	I do not know
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician		A. B. Blascoch	
	Address		St. Michaels Md	
Accident or Suicide?				



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Miss Guyon Hancock Lawrence

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Easton^{County} TalbotDate of death 1905 ^{Month} July^{Day} 15 ^{Age} 18 ^{Years}

Months

Days

Sex Female

Color or Race White

Birth-place New York City

Occupation Lady

Where Residing if not at place of death New York City

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Isaac Lawrence

Father's Birthplace New York City

Mother's Maiden Name Robt. Lee Guyon Hancock

Mother's Birthplace Georgia

Name of person giving information Miss Violet Lockwood

How related to deceased friend

CAUSES OF DEATH

Primary Accidental Drowning

How long

Immediate Suffocation

How long

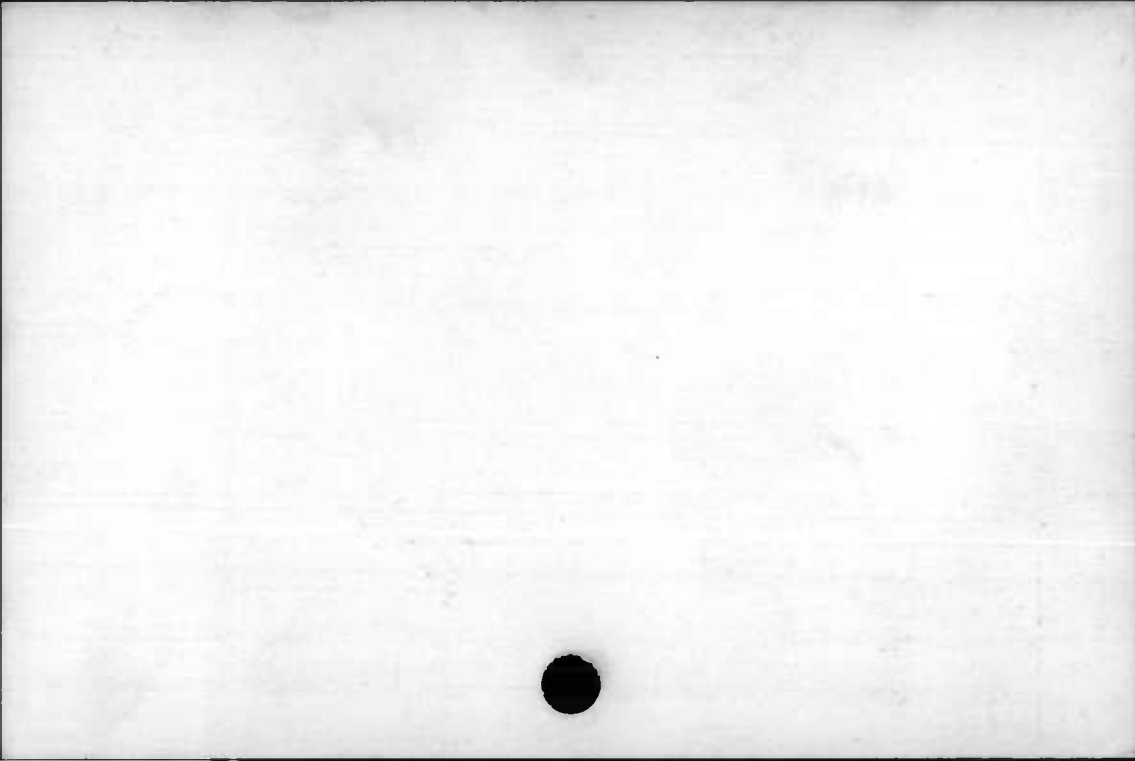
Are the name, age, sex, color, date and place correctly given above? YES

Signature of Physician

Address

Chas. F. Davidson
Easton Md.

Accident



Name in Full

Certificate of Death

John T. Mullikin.

Died at *Trappe* Town *Talbot* County MARYLAND
 Date 19*05*. *July* *7* Month Day Y. M. D. Age *85* *1* *2* Native of *md.* Occupation
 Male ☒ White ☐ Married ☐ Widower ☒ ~~Divorced~~
 Female ☐ Colored ☐ Single ☐ Widower Number of children living

Husband of *Georgie Gorman*
~~Wife~~

Father's Name *Isaac Mullikin* Mother's Maiden Name *Sallie Giles*

Cause of Death { Primary *Cystitis* Immediate *Uremia* How long sick *several months*
 (123) ~~Accident, Suicide, Homicide~~

Reported by *Geo. S. Chaplin M. D.*
 Address *Trappe Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mrs Henrietta Dimmock Smith

CERTIFICATE OF DEATH

Town

Easton

County

Tallist

MARYLAND

Died at

Date

of death 1905

Month

July

Day

30

Age

Years

76

Months

6

Days

17

Sex

Female

Color or
Race

White

Birth-
place

State of Virginia

Occupation

Lady

Where Residing if not
at place of death

—

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

—

Father's
Name

Chas. Dimmock

Father's
Birthplace

Mass.

Mother's
Maiden Name

Henrietta Johnson

Mother's
Birthplace

Maryland

Name of person giving
Information

H. D. Smith

How related
to deceased

Son.

CAUSES OF DEATH

Primary

Senile Decay (Cerebral)

How long

Several Months

Immediate

Exhaustion

How long

Few days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Chas. Waindson

Address

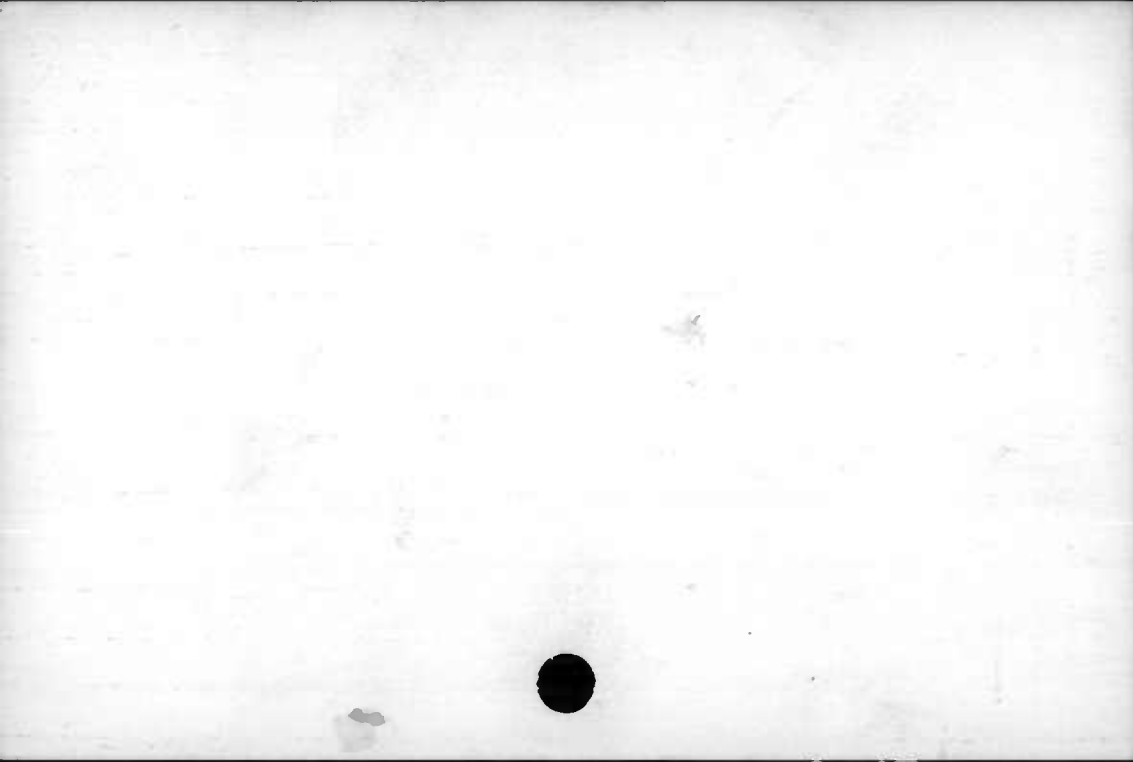
Easton Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Lottie Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Tcwn <i>Trappe</i>		County <i>Talbot</i>		MARYLAND	
	Date of death	1905	Month <i>July</i>	Day <i>3</i>	Years <i>6</i>	Months <i>5</i>	Days <i>—</i>
	Sex	<i>Female</i>		Color or Race	<i>African</i>		
	Occupation	<i>School</i>		Where Residing if not at place of death		Birth-place <i>Talbot Co</i>	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	<i>Mr. Smith</i>			Father's Birthplace	<i>Talbot Co</i>	
	Mother's Maiden Name	<i>M. Lottie Green</i>			Mother's Birthplace	<i>Talbot Co.</i>	
Name of person giving information				How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Acute nephritis</i>			How long	<i>6 days</i>	
	Immediate	<i>uremia</i>			How long	<i>2 days</i>	
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>			Signature of Physician	<i>Mr. J. Seymour</i>	
					Address	<i>Trappe Md</i>	
	Accident or Suicide?						



Name
in
Full

Chauncey Sprouse

CERTIFICATE OF DEATH

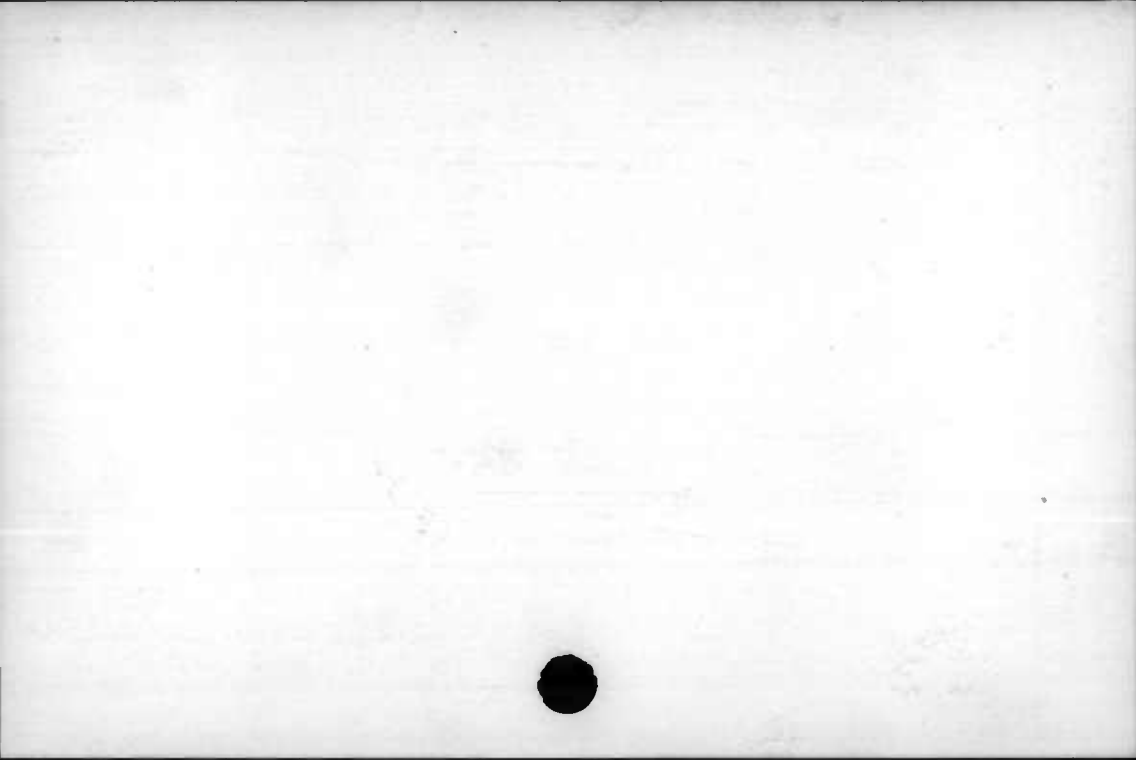
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Easton		County Talbot		MARYLAND	
Date of death		190	Month 7	Day 17	Age 0	Years 11	Months 13
Sex Male		Color or Race Black		Birth-place Easton			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Walter Colson				Father's Birthplace Easton			
Mother's Maiden Name Rusie Sprouse				Mother's Birthplace Easton			
Name of person giving information Agnes Sprouse				How related to deceased Grandmother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	ten days
Immediate	Exhaustion	How long	ten hours.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		D. Drury Willson MD	
Address		Easton Md	
Accident or Suicide?			



Name
in
Full

Samuel Cooper Tarbutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

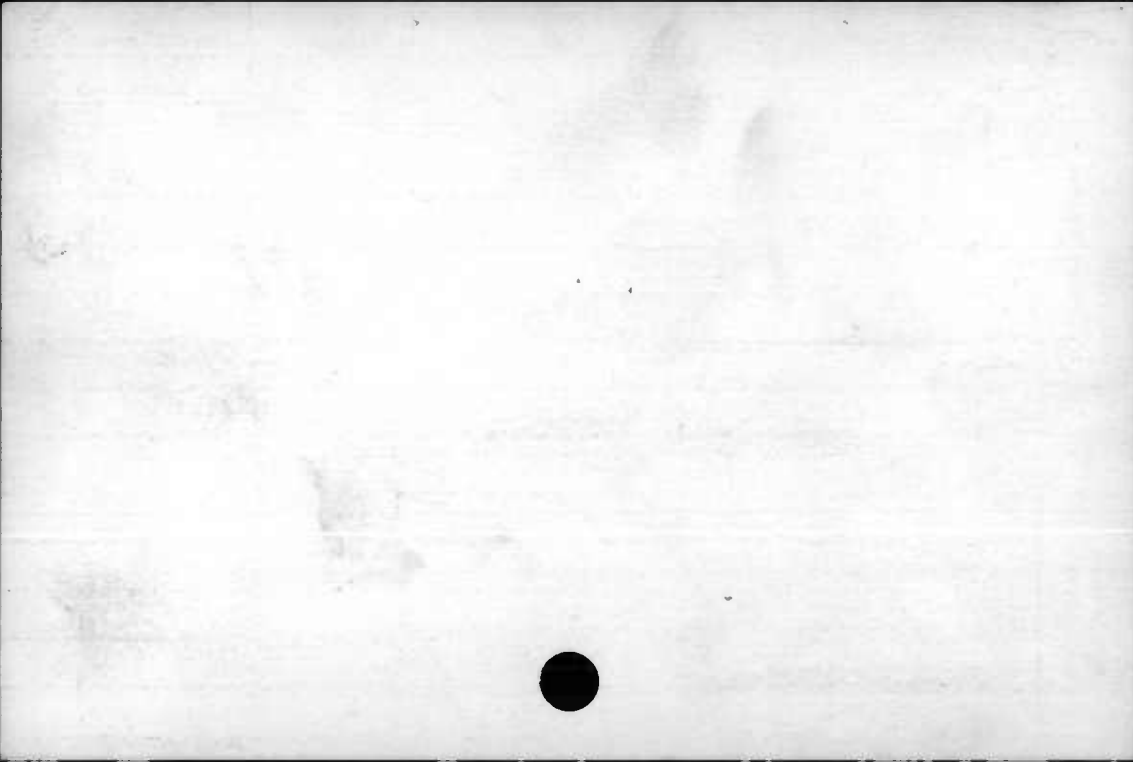
MARYLAND

Died at		Town <i>St. Michael</i>		County <i>Talbot Co.</i>	
Date of death	1905	Month	<i>July</i>	Day	<i>21</i>
Age	<i>20 yrs.</i>		Years	Months	<i>10 months</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Labourer.</i>		Birth-place	<i>St. Michael, Md.</i>	
Where Residing if not at place of death			<i>St. Michael.</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>—</i>	
Father's Name	<i>Samuel M. Tarbutton</i>			Father's Birthplace	<i>Talbot Co. Md.</i>
Mother's Maiden Name	<i>Elizabeth F. Eaton</i>			Mother's Birthplace	<i>St. Michael, Md.</i>
Name of person giving information	<i>Mrs Samuel Tarbutton</i>			How related to deceased	<i>mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of lungs.</i>	How long	<i>Within a year.</i>
Immediate	<i>Pulmonary Hemorrhage.</i>	How long	<i>Fifteen minutes.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes,</i>	Signature of Physician	<i>Herbert E. Zipp, M.D.</i>
		Address	<i>St. Michael Md.</i>
Accident or Suicide?			



Name
in
Full

Laura E. Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at McDaniel Town Talbot County

Date of death 1905 July 22 Age 54 Months 6 Days 25

Sex Female Color or Race White Birth-place Albany N.Y.

Occupation Housewife Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband Charles H. Thompson

Father's Name John Grisham Father's Birthplace Vermont

Mother's Maiden Name Mother's Birthplace

Name of person giving information C. H. Thompson How related to deceased Husband

CAUSES OF DEATH

Primary Acute Bright's ☒ How long Five days

Immediate Premise Poisoning How long —

Are the name, age, sex, color, date and place correctly given above? Yes

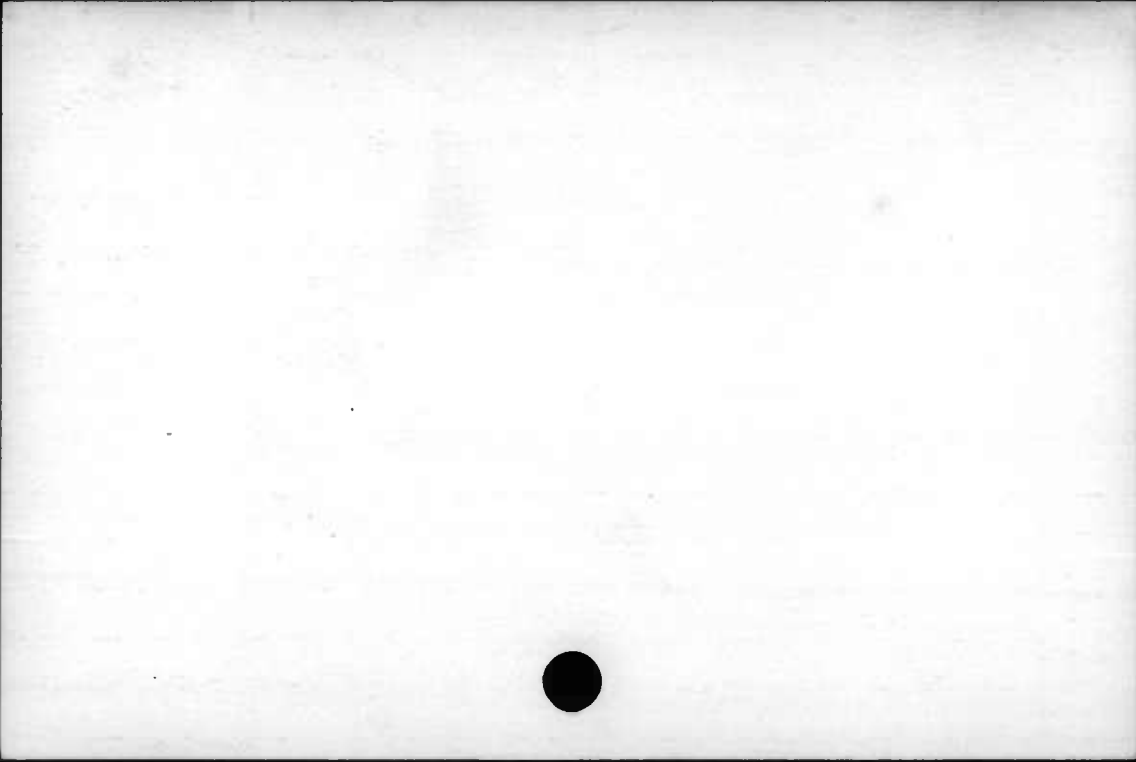
as far as I know

Signature of Physician Dr. J. B. Seltz

Address St. Michaels Md

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Bertram H. Whitman				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Easton		County Talbot		MARYLAND		
	Date of death		1905	Month July	Day 22	Age 0	Years 0	Months 3	Days 3
	Sex		Male		Color or Race White		Birth-place Md		
	Occupation None				Where Residing if not at place of death X				
	Married, Single or Widowed		Single		Name of Wife or Husband X				
	Father's Name Bertram E. Whitman				Father's Birthplace Md				
	Mother's Maiden Name Grace May Robinson				Mother's Birthplace Md				
Name of person giving information Bertram E. Whitman				How related to deceased Father					
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Spinal Poxida			How long 3 mos 3 days			
	Immediate		Exhaustion			How long a few days			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician E. R. Zippe				
					Address Easton Md.				
<div style="display: flex; justify-content: space-between;"> Accident or Suicide? LIBRARY BUREAU A30816 </div>									



Name
in
Full

Perry Wilmore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} New town^{County} TalbotDate of death 1905 ^{Month} July ^{Day} 10Age ^{Years} 91^{Months} 5^{Days} —

Sex Male

Color or Race Colored

Birth-place Maryland

Occupation Well digger

Where Residing if not at place of death

New town

Married, Single or Widowed Widower

Name of Wife or Husband —

Father's Name Do not know

Father's Birthplace Do not know

Mother's Maiden Name Do not know

Mother's Birthplace Do not know

Name of person giving information Wesley Wilmore

How related to deceased Son

CAUSES OF DEATH

Primary Old Age
Immediate Natural Causes

How long

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. S. Slack M.D.
714 E. Mills
Md.

Accident or Suicide?

